



**BOARD OF COUNTY COMMISSIONERS'  
(BOCC) CONCURRENCE FORM**

This form must be completed for all staff reports being prepared for BOCC meetings/public hearings and is the cover sheet for the staff report. The original (single-sided) staff report needs to be submitted to the County Manager's Office one (1) week in advance of the scheduled presentation date. For Closed Sessions please submit the original (single-sided) and 8 (double-sided copies) of the staff report.

**To: Office of the County Manager**

**From (Name & Division):** Paul Wolford, Drug Court Coord., Circuit Ct      **Phone #:** 12978

**Requested Meeting Date (mm/dd/yr):** 04/18/13      **Est. Presentation Time:** Consent Agenda

**Staff Report Topic:**

*(The text provided here will also be reflected on the meeting agenda and county's website.)*

SAMHSA Grant To Expand/Enhance Substance Abuse Treatment In Drug Courts

**County Funds Requested/Required:** \$ 0

**Type of Meeting:**

*(Click to place a check mark in the following appropriate boxes.)*

☒ **Administrative Business** *(The Consent Agenda Committee determines which items are eligible for the consent agenda.)*

☐ **Worksession**      ☐ **Closed Session**      ☐ **Public Hearing (a.m. ☐ or p.m. ☐)**

☐ **BOCC/BOE Mtg.**      ☐ **County/Municipalities Mtg.**

☐ **Power Point Presentation**

**Board Action Desired:**    ☒ **Decision**    ☐ **Guidance**    ☐ **Information**

**Staff Report Review:**

This staff report has been thoroughly reviewed first by the appropriate divisions/agencies noted on Page 2 followed by those outlined below :

	<u>Initials</u>	<u>Date</u>	<u>Comments Y/N</u> <u>(Page 2)</u>
<input checked="" type="checkbox"/> <b>Budget Officer</b>	<u>RH</u>	<u>4/10/13</u>	<u>N</u>
<input checked="" type="checkbox"/> <b>Finance Director</b>	<u>GW</u>	<u>4/11/13</u>	<u>N</u>
<input checked="" type="checkbox"/> <b>County Attorney's Office</b>	<u>JM</u>	<u>4/11/13</u>	<u>no</u>
<input checked="" type="checkbox"/> <b>County Manager</b>	<u>LA</u>	<u>4/11/13</u>	<u>no.</u>
<input type="checkbox"/>			

**Other Reviewing Divisions/Agencies:**

(Click to place a check mark in the following appropriate spaces.)

	<u>Initials</u>	<u>Date</u>	<u>Comments Y/N</u> (noted below)
<input type="checkbox"/> Animal Control			
<input type="checkbox"/> Business Development & Retention			
<input type="checkbox"/> Citizens Services			
<input type="checkbox"/> Community Development			
<input type="checkbox"/> Emergency Management			
<input type="checkbox"/> Fire & Rescue Services			
<input type="checkbox"/> Health Services			
<input type="checkbox"/> Human Resources			
<input type="checkbox"/> Interagency Information Technologies			
<input type="checkbox"/> Internal Audit			
<input type="checkbox"/> Parks & Recreation			
<input type="checkbox"/> Public Works			
<input type="checkbox"/> Transit Services			
<input type="checkbox"/> Utilities & Solid Waste Management			
<input checked="" type="checkbox"/> Other: Grants Coordinator	SCH	4/10/13	
<input checked="" type="checkbox"/> Other: Circuit Court Administrator	B.N.L.	4/9/13	N
<input type="checkbox"/> Other:			

**Elected Officials or Independent Agencies:**

	<u>Initials</u>	<u>Date</u>	<u>Comments Y/N</u> (noted below)
<input type="checkbox"/> Board of Education			
<input type="checkbox"/> Board of Elections			
<input type="checkbox"/> Board of License Commissioners			
<input type="checkbox"/> Citizens Care & Rehabilitation Center/ Montevue Assisted Living			
<input type="checkbox"/> Frederick Community College			
<input type="checkbox"/> Frederick County Public Libraries			
<input type="checkbox"/> Sheriff's Office			
<input type="checkbox"/> Social Services			
<input type="checkbox"/> State's Attorney's Office			

**Comments:**

1. <u>From:</u>	<u>Date:</u>
2. <u>From:</u>	<u>Date:</u>
3. <u>From:</u>	<u>Date:</u>
4. <u>From:</u>	<u>Date:</u>
5. <u>From:</u>	<u>Date:</u>

## GRANT SUMMARY FORM

Complete the front and back of this form and attach to the BOCC concurrence form with grant application and route through the Accounting Office/Grants Accountant for signoff at least two weeks prior to presentation to BOCC.

**Project Title:** Application for SAMHSA Grant To Expand/Enhance Substance Abuse Treatment In Drug Courts **Grantor:** Department of Health and Human Services SAMHSA

**County Project Administrator & Dept:** Paul Wolford, Drug Court Coordinator, Circuit Court

**Project Period:** 10/1/13 to 9/30/14 **Renewable:** Yes **If yes, # years** 2 additional years

**Application Deadline:** 4/19/2013

### Source of Funds

Grant Award/ Application Amount	Direct Federal	Federal Pass Thru	State	Other Funds
10/1/13 to 9/30/14	\$164,458.50			

County Match	Source of County Match (if any)
10/1/13 to 9/30/14	0

**Does the grant require adding a new position(s)?**

**No**

If so, is it your desire to fund the position beyond the grant period?

**Yes or No**

If so, how do you intend to fund beyond grant period?

**Grant Purpose/Project Description:** See attached staff report

Is Indirect Cost Recovery Allowed per the grant guidelines?

**No**

If yes, what percentage or dollar amount is allowed?

Is Indirect Cost Recovery requested in grant application?

**No**

Amount of indirect cost recovery requested in application?

If grant is awarded, do you plan to subaward grant funds?

**No**

If yes, to whom?

Continue to page 2

### To be completed by Grants Office

County Match - Required \$ 0  
 County Match - Non Required \$ 0  
 Indirect Costs \$ 0 (If applicable)  
 Total County Contribution \$ 0

Accounting Office

Grants Accountant Review

Initials: Sut 4/10/13

**Comments:**

## GRANT SUMMARY FORM

Complete the front and back of this form and attach to the BOCC concurrence form with grant application and route through the Accounting Office/Grants Accountant for signoff at least two weeks prior to presentation to BOCC.

### Source of Funds

Grant Award/ Application Amount	Direct Federal	Federal Pass Thru	State	Other Funds
10/1/13 to 9/30/14	\$164,458.50			

County Match	Required	Non Required
10/1/13 to 9/30/14	0	0

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# Frederick County Drug Treatment Court

SIXTH JUDICIAL CIRCUIT OF MARYLAND

Paul Wolford  
Drug Treatment Court Coordinator  
(301) 600-2978, fax (301) 600-6761

Frederick County Courthouse  
100 W. Patrick St., Room 130-131  
Frederick, MD 21701

## EXECUTIVE SUMMARY

### **Report Topic: Application for SAMHSA Grant To Expand/Enhance Substance Abuse Treatment In Drug Courts**

**Request:** To approve the grant application by the Frederick County Drug Treatment Court for a federal grant from the Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA). The Drug Treatment Court will be asking for a total of **\$164,458.50**.

This grant has **NO required or requested County match**.

This grant award will fund the Drug Treatment Court Resource Specialist salary and benefits, as well as fund drug testing devices, alcohol bracelet monitoring, synthetic marijuana and designer stimulant drug testing, implementation of the Moral Reconnection Therapy program for Drug Treatment Court participants and all training associated, mandatory attendance of three Drug Treatment Court staff members at the SAMHSA annual conference in Washington, D.C., provide funds to operate TAMAR, a male-only trauma treatment group, purchase smoking cessation tools to facilitate better health and success in recovery of Drug Treatment Court participants, and purchase incentive items to recognize positive progress and graduation awards for recognition of successful completion of the Drug Treatment Court.

**Background Information:** The Frederick County Drug Treatment Court has been given the opportunity to apply for a federal grant from the Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA). If funded, this grant will assist with maintaining and enhancing the Drug Treatment Court in Frederick County. The Drug Treatment Court is approaching the 8<sup>th</sup> anniversary of its' inception.

The Drug Court has had 162 participants to date enrolled in our program. The Drug Court has had 69 graduates from the program. We currently have 35 active participants but a total of 48 participants have been active in the Drug Court thus far during FY13.

The recidivism rate for Drug Court graduates within 1 year of successfully completing the program continues to be 10% and 18% after 1 year of completing. The recidivism rate for all Drug Court participants (active, graduate, terminated) is 21%.

**Staff Recommendation:** Staff recommends that the Board of County Commissioners **approve** the Application for SAMHSA Grant To Expand/Enhance Substance Abuse Treatment In Drug Courts as drafted. We, further, request that the Board of County Commissioners allow the Frederick County Drug Treatment Court to **accept** the grant, if awarded, and **approve** associated budget transfers.



# Frederick County Drug Treatment Court

## SIXTH JUDICIAL CIRCUIT OF MARYLAND

Paul Wolford  
Drug Treatment Court Coordinator  
(301) 600-2978, fax (301) 600-6761

Frederick County Courthouse  
100 W. Patrick St., Room 130-131  
Frederick, MD 21701

TO: Board of County Commissioners

FROM: Paul Wolford, Drug Treatment Coordinator, Circuit Court

SUBJECT: Application for SAMHSA Grant To Expand/Enhance Substance Abuse Treatment In Drug Courts

DATE: April 9, 2013

ISSUE: Should the Board of County Commissioners approve the Application for SAMHSA Grant To Expand/Enhance Substance Abuse Treatment In Drug Courts proposal as presented by Paul Wolford, Drug Treatment Court Coordinator for the Circuit Court Drug Treatment Court?

BACKGROUND: The Frederick County Drug Treatment Court has been given the opportunity to apply for a federal grant from the Department of Health and Human Services – Substance Abuse and Mental Health Services Administration (SAMHSA). If funded, this grant will assist with maintaining and enhancing the Drug Treatment Court in Frederick County. The Drug Treatment Court is approaching the 8<sup>th</sup> anniversary of its' inception. The Drug Court has had 162 participants to date enrolled in our program. The Drug Court has had 69 graduates from the program. We currently have 35 active participants but a total of 48 participants have been active in the Drug Court thus far during FY13. The recidivism rate for Drug Court graduates within 1 year of successfully completing the program continues to be 10% and 18% after 1 year of completing. The recidivism rate for all Drug Court participants (active, graduate, terminated) is 21%.

This is the first year for this grant application. The funding may be for up to three years. The Drug Treatment Court will be asking for a total of **\$164,458.50** in funding beginning on October 1, 2013 and ending September 30, 2014. This grant has **no required or requested county match**.

This grant award will fund the Drug Treatment Court Resource Specialist salary and benefits, as well as fund drug testing devices, alcohol bracelet monitoring, synthetic marijuana and designer stimulant drug testing, implementation of the Moral Reconciliation Therapy program for Drug Treatment Court participants and all training associated, mandatory



attendance of three Drug Treatment Court staff members at the SAMHSA annual conference in Washington, D.C., provide funds to operate TAMAR, a male-only trauma treatment group, purchase smoking cessation tools to facilitate better health and success in recovery of Drug Treatment Court participants, and purchase incentive items to recognize positive progress and graduation awards for recognition of successful completion of the Drug Treatment Court.

This grant will begin in October 1, 2013. See All Attachments

The Circuit Court of Frederick County, the Accounting Grants Coordinator, Budget and Finance Discretionary Departments and the County Attorney have reviewed the Grant Proposal.

STAFF RECOMMENDATION: Staff recommends that the Board of County Commissioners **approve** the Application for SAMHSA Grant To Expand/Enhance Substance Abuse Treatment In Drug Courts as drafted. We, further, request that the Board of County Commissioners allow the Frederick County Drug Treatment Court to **accept** the grant, if awarded, and **approve** associated budget transfers.

**FUNDING INFORMATION:**

Budget Implication: No Yes **X** (if yes, provide the necessary information as outlined below)

Name of Account: Drug Treatment Court Operational

Account Number(s): New account number

Amount of Funding Requested: **\$164,458.50**

Other information pertinent to this request:

/Attachments



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## **ABSTRACT**

The Frederick County Adult Circuit Court Drug Court (DTC) is seeking enhancement funding in order to provide the essential tools for our participant's recovery. The DTC is a voluntary, non-adversarial judicial response to non-violent, drug addicted offenders charged in Circuit Court by providing a comprehensive program of supervision and treatment, which includes substance abuse treatment, education, and vocational/rehabilitative services. The DTC focuses on assisting the participants in achieving self-sufficiency and becoming responsible members of the community by living drug-free in an environment filled with life's obstacles and pressures.

The DTC has been in existence since May 27, 2005. Since the inception of the program, the DTC has had a total of 162 participants in the program. The gender breakdown of the DTC has been 77% male and 23% female. The racial composition is 45% African-American participants, 54% Caucasian participants and 1% "Other" participants (including Hispanic and Native American). The DTC has maintained fairly consistent figures in regards to the ages of the participants. The DTC has enrolled 36% over the age of 40; 30% between the ages 30-39; 32% between the ages 21-29; and 2% between the ages 18-20.

The DTC intends to utilize funds awarded to: 1. Implement Moral Reconciliation Therapy for all DTC participants at the Frederick County Health Department Substance Abuse Division – Project 103; 2. Provide necessary training for all staff utilizing MRT; 3. Provide case management services utilizing the current DTC Resource Specialist; 4. Provide a community-based trauma group for men; 5. Purchase drug screening devices; 6. Monitor existing alcohol detection bracelets; 7. Synthetic marijuana and designer stimulant drug testing; 8. Encourage all DTC participants to abstain from cigarette smoking with smoking cessation classes and providing nicotine patches and/or gum; and 9. Provide positive progress incentive funding for active participants and recognition incentives for graduates upon successful completion of the DTC program.

## **PROJECT NARRATIVE**

### **a. Population of Focus and Statement of Need**

Since the inception of the DTC on May 27, 2005, we have had a total of 162 participants enter the DTC program. As of April 8, 2013, there are 35 active participants, 69 graduates, 2 Administrative Discharge and 56 terminations. These numbers reflect a positive graduation rate that speaks to the overall success of the DTC program and how the structure of the program directly benefits the participants. The number of active DTC participants has remained fairly consistent for the past 3 fiscal years. Therefore, the DTC will continue to maintain a goal of 40 active participants.

The gender composition has consisted of 125 men (77%) and 37 women (23%). The racial composition is 66 African-American participants (42%); 90 Caucasian participants (56%); 4 Hispanic participants (<1%); 1 Native American participant (<1%); and 1 Asian participant (<1%). The DTC has maintained fairly consistent figures in regards to the ages of the participants. Currently, 59 (36%) are over age 40; 48 (30%) between ages 30-39; 50 (31%) between ages 21-29; and 5 (3%) between ages 18-20. The economic makeup of the participants is primarily from a lower socio-economic status, when first entering the DTC. This is reflected by the eligibility of medical assistance from the Maryland Primary Adult Care (PAC) program. Part of the eligibility requirements is financial necessity. At least 145 participants (90%) were eligible to receive this medical card. The age, gender, racial and economic composition has maintained consistent figures throughout the history of the DTC and can be predicted to remain constant in future years.

The DTC will implement, in coordination with the Frederick County Health Department Substance Abuse Division's Project 103 (P103), the premiere cognitive-behavioral treatment program, Moral Reconnection Therapy (MRT). It is designed specifically for criminal justice offenders. Several studies (cited by SAMHSA's National Registry of Evidence-based Programs and Practices) show recidivism and personality functioning are greatly enhanced by this population entering and completing a MRT treatment program.

The Frederick County Adult Detention Center hosts an in-custody treatment program which utilizes the MRT program. Some of the incoming DTC participants have completed that program. In an informal observation comparing DTC participants who have completed MRT while in custody versus those DTC participants who did not go thru MRT, the SAMHSA studies can be correlated and reflected in our DTC. Successfully completing the MRT at the detention center has shown to give those participants a positive advantage compared to the others who did not have the same treatment experience.

Currently, the DTC participants are attending the same treatment groups as the rest of the clients of P103. The current treatment program concern is the effect substance abuse has on participants' lives and others. Interventions employed include 12-Steps, Chronic Disease Model, Motivational Enhancement and Cognitive Behavior. Treatment services are comprised of group and individual counseling sessions with varying frequencies depending upon the treatment level.

Additional staff training is necessary for the implementation of MRT. Correctional Counseling, Inc. would conduct the staff training at an on-site location. This would eliminate the cost of travel for a large group of DTC staff and limit travel costs to only one person from Correctional Counseling, Inc. MRT workbooks will also need to be purchased for each participant.

The Resource Specialist position is responsible for overseeing case management services for the DTC, while providing program support to a caseload of participants. The Resource

Specialist monitors individual participant compliance with DTC requirements. The Resource Specialist develops individualized case plans based upon participant employment, educational, health and familial history. Participant needs are assessed for appropriate referrals to community resources, as needed. The Resource Specialist is a facilitator and referral source for the participants' access to community resources. Participants meet with the Resource Specialist on an as needed basis depending upon the level of compliance, current status and at the request of the DTC Judge and/or staff.

The Resource Specialist duties include maintaining comprehensive knowledge of community-based agencies and services; assessing participant needs and making appropriate referrals to community resources; developing and monitoring individual case plans; completing weekly case notes; developing and maintaining weekly reports; evaluating prospective resources; establishing and developing new community contacts; obtaining and monitoring program services and resources; assessing and supporting program and participant needs; coordinating community service projects and volunteer projects for participants; facilitating participants' effective and consistent access to existing community resources; monitoring participant progress; operating, overseeing and conducting the drug and alcohol testing program, which includes observing urine and oral drug testing; assisting participants in obtaining access to public medical insurance coverage and disability programs.

The male-only Trauma, Addictions, Mental Health and Recovery (TAMAR) trauma group is designed to educate and treat those who have a history of physical and/or sexual abuse, a recent treatment history for a mental health condition and an alcohol or drug use or abuse disorder. The most current statistics from the TAMAR program reports that 86% of all TAMAR participants also have a substance abuse issue or history. TAMAR is currently being operated by the Mental Health Management Agency with funding provided by the local Recovery Oriented Services of Care (ROSC). The DTC has made many referrals for this service for male participants. However, funding of this program by ROSC will end this fiscal year and the program will cease to operate. TAMAR is an invaluable resource for DTC participants and funding the group is essential to many of our male participant's recovery.

An essential part of any DTC is drug testing. The DTC has received funding in previous years for drug tests from the Office of Problem Solving Courts (OPSC). However, due to significant cutbacks within the state budget, the DTC will not have the funds in FY14 to provide drug screens with the OPSC grant award. The DTC will purchase a urine screening devices to assess the abstinence from illegal substances of the male participants and oral screening devices to assess the abstinence from illegal substances of primarily the female participants. The DTC has an inventory of 29 alcohol monitoring bracelets (SCRAM) from Alcohol Monitoring Systems (AMS). These bracelets are extremely effective as both a monitor for alcohol consumption and as a tool for the participant to remain abstinent from alcohol.

Phase 1 is a fragile time during recovery, a time that lends itself to the tendency to substitute alcohol for their drug of choice. This scenario was played out in our DTC with tragic results a few years ago. A Phase 1 participant, while on a weekend pass from a halfway house, chose to drink alcohol and use prescription narcotics. This resulted in the death of this participant, who had reportedly not had an issue with alcohol prior to DTC. Our awareness of this need was made abundantly clear by this event. By being equipped with a SCRAM bracelet, the chances of these deaths being avoided are significantly enhanced. The DTC will continue the practice of placing a bracelet on all Phase 1 participants. We will also continue to monitor other phase participants on an "as needed basis."

The DTC will conduct random drug testing for synthetic marijuana and designer stimulants. The DTC has seen an increase in the use of these recently banned substances. Since December 2011, the DTC has conducted 147 random drug screens for synthetic marijuana and 28 random drug screens for designer stimulants. 13 screens returned positive for synthetic marijuana, while 0 has returned positive for designer stimulants.

The DTC will encourage participants to cease smoking cigarettes and utilizing other tobacco products. The DTC will work in coordination with the Frederick County Health Department Prevention Services division to provide smoking cessation classes and offer participants nicotine patches and gum as means to address the physical addiction to tobacco products. Numerous national studies have been conducted that correlate smoking cessation with other treatment programs and participant success in recovery.

Key Component #6 of Drug Courts is the recognition of a participants' positive progress in treatment and in the DTC program in general. This DTC was able to effectively recognize such individuals for an extended length of time. The DTC received donated funds from a local charity golf tournament in 2009. Those funds along with a few other smaller donations have been fully utilized. The DTC would award \$5 gift cards to one person in Phase 1 and Phase 2 of the program on a weekly basis. The DTC would also provide a small graduation recognition award (\$40 watch), copy of a photo with the DTC Judge and framed completion certificate to each graduate of the DTC program.

**b. Proposed Evidence-Based Service/Practice**

**Moral Reconnection Therapy (MRT)** is the premiere cognitive-behavioral program for substance abuse treatment and for criminal justice offenders. Developed in 1985 by Gregory Little, Ed.D., and Kenneth Robinson, Ed.D., more than 120 published reports have documented that MRT-treated offenders show significantly lower recidivism for periods as long as 20 years after treatment. Studies show MRT-treated offenders have re-arrest and re-incarceration rates 25% to 75% lower than expected. MRT programs are used in 47 states.

Correctional Counseling, Inc., has developed MRT-based programming for individuals with chronic substance abuse problems, anger management and domestic violence issues.

MRT is a cognitive-behavioral counseling program that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment resistant clients. As long as clients' judgments about right and wrong are made from low levels of moral reasoning, counseling them, training them in job skills, and even punishing them will have little long-lasting impact on their behavior. They must be confronted with the consequences of their behavior and the effect that it has had on their family, friends and community. Poor moral reasoning is common within at-risk populations.

MRT addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach for treatment resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong.

The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation.

Briefly, MRT seeks to move clients from hedonistic (pleasure vs. pain) reasoning levels to levels where concern for social rules and others becomes important. MRT research has shown that as clients complete steps moral reasoning increases in adult offenders. MRT systematically focuses on seven basic treatment issues:

1. confrontation of beliefs, attitudes and behaviors
2. assessment of current relationships
3. reinforcement of positive behavior and habits
4. positive identity formation
5. enhancement of self-concept
6. decrease in hedonism and development of frustration tolerance
7. development of higher stages of moral reasoning

Drs. Little and Robinson initially developed MRT as the cognitive-behavioral component in a prison-based therapeutic community. Because of its remarkable success, corrections officials then tested and widely implemented the program in general inmate populations, with juvenile offenders, in parole and probation settings, in community corrections, in hospital and outpatient programs, in educational settings, and in drug courts. MRT is found to be effective with both genders in adult and juvenile populations. MRT is used with a variety of populations and measured objective outcomes are consistent in all settings.

The benefits of MRT-based programming are multi-faceted. MRT is easy to implement. It is designed and developed to target issues specific to an offender population. MRT is designed to address issues of a treatment resistant population. It has shown to reduce the recidivism rate of offenders by between 30% and 50% for periods up to 20 years after release. The program has been used effectively in different programs at many sites. MRT improves offender compliance to rules in an institution or while under supervision in the community. It is delivered in open-ended groups, which allows for maximizing resources. MRT easily meshes and blends with other types of programming including self-help groups, education, counseling and behaviorally oriented programs. It will increase offenders' moral reasoning, decrease dropout rates, increase sense of purpose and reduce antisocial thinking and behavior. When implemented in a variety of criminal justice settings, MRT provides a continuum of care. The cost of implementing MRT is highly competitive.

**Trauma, Addictions, Mental Health and Recovery (TAMAR) group** – Since the DTC began in 2005, there has been a consistent need for specialized mental health treatment that deals with the all-too-common abuse history of those in recovery. Up until January 2010, those male participants who have this type of history have been referred to individual mental health counseling, which has proved to be helpful but not as successful as this type of specialized treatment group.

In January 2010, the DTC was awarded a Byrne Justice Recovery Act grant through the Governor's Office of Crime Control and Prevention to begin the first community-based male-only TAMAR in Frederick County.

The TAMAR program is designed to educate and treat those who have a history of physical and/or sexual abuse, a recent treatment history for a mental health condition and an alcohol or drug use or abuse disorder. The TAMAR program has proven to be very effective in assisting male participants recognize, confront and live with the trauma in their past. The most current statistics from the TAMAR program reports that 86% of all TAMAR participants also have a substance abuse issue or history.

The cost for such a program would be minimal in comparison to the funding for weekly individual meeting with a specialized mental health provider. TAMAR is operated by the Frederick County Mental Health Management Agency.

**Program Goals and Objectives** – The following goals have been developed to provide a more efficient judicial process for criminal cases involving substances, to provide a more effective intervention for alcohol and substance abuse offenders and to decrease recidivism within the community.

**Goal #1:** Enhance public safety in Frederick County by reducing criminal activity (to include any drug and/or alcohol-related citation/charges) by DTC participants and graduates within the community.

**Objective a:** Will monitor active participants and graduates compliance with the laws of the State of Maryland.

**Measurable Outcome a:** 50% of DTC participants will remain compliant with the laws of State of Maryland during participation in DTC and for one year after graduation.

**Objective b:** Collaborate with P103 to provide appropriate treatment, after care program and close supervision to reduce recidivism by DTC graduates.

**Measurable Outcome b:** DTC graduates will have a decrease in the recidivism rate by at least 10% for 1 year after graduation as compared to those with standard probation supervision.

**Goal #2:** Reduce substance abuse among DTC participants by providing effective interventions.

**Objective a:** The DTC will collaborate with P103 implement the MRT program with 4 months of the beginning of this grant cycle (implementation deadline is Feb.1, 2014).

**Measurable Outcome a:** 80% of all new DTC participants will enter the MRT program groups.

**Objective b:** Collaborate with P103 to provide close supervision and treatment of participants ensuring long-term treatment.

**Measurable Outcome b:** 50% of participants will remain in treatment 90 days or longer.

**Objective c:** The DTC will operate an effective drug screening program utilizing random drug screen and continuous alcohol monitoring.

**Measurable Outcome c:** 85% of all drug screens and days of SCRAM monitoring will reflect negative drug and alcohol results.

**Goal #3:** To reduce the burden on taxpayers by promoting self-sufficiency of participants and graduates.

**Objective a:** The Resource Specialist will collaborate with Workforce Services (WFS) and the Division of Rehabilitation Services (DORS) assess to the vocational, rehabilitative, and educational needs of DTC participants.

**Measurable Outcome a:** Upon entry into Phase 3 of DTC, 80% of DTC participants will have stable, DTC approved employment, full-time enrollment in an educational institution or a qualified disability.

**Objective b:** The Resource Specialist will collaborate with Department of Social Services (DSS) and the Social Security Administration (SSA) to identify and assess DTC participants that qualify for disability benefits.

**Measurable Outcome b:** 80% of those participants who are referred for SSI/RSDI benefits will complete and follow through with the application process.

**Objective c:** Collaborate with the Community Supervision office to monitor the continued employment and/or disability benefits of DTC graduates.

**Measurable Outcome c:** 50% of DTC graduates will maintain stable employment and/or disability benefits for one year after graduation.



### c. Proposed Implementation Approach

As the DTC meets and exceeds the Goals and Objectives mentioned above, Frederick County will recognize noticeable changes within the recovery community. It can be expected that tangible successes will be achieved (i.e. participants and graduates paying taxes and child support at rates previously unseen). However, other changes may not be recognized as easily, however, are nonetheless important. Families will remain intact or reunited. Graduates and active participants will have increased physical health benefits as a result of a healthier lifestyle.

This grant application intends to enhance the Frederick County Drug Court program. It does fully address each of the 10 Key Components of Drug Courts.

- The DTC collaborating with P103 to implement the MRT program and with the Mental Health Management Agency to continue TAMAR satisfies **#1, #4 and #10**.
- The DTC mission statement, day-to-day operations and case management services satisfies **#1, #2, #3, #6, #7 and #9**.
- The DTC utilizes a fully random drug testing program, this satisfies **#5**.
- The DTC utilizes the SMART database which satisfies **#8**.

### Timeline

Activities	Milestones	Timeframe	Responsible Staff
Moral Reconciliation Therapy	1. Enter contract with Correctional Counseling, Inc. for MRT Training 2. Hold MRT Training for staff 3. Implement 1 <sup>st</sup> MRT group	1. By 11/16/13 2. By 1/31/14 3. By 2/28/14	1. Coordinator 2. Coordinator 3. P103 Staff
Case Management Services	Continue to meet, assess and assist DTC participants.	Immediately on 10/1/13	Resource Specialist
TAMAR	Continue to offer and facilitate the TAMAR group for men	Immediately on 10/1/13	Mental Health Management Agency
Drug Testing Program	1. Purchase urine & oral drug screens 2. Send out urine specimens for synthetic marijuana & designer stimulant testing 3. Monitor SCRAMx bracelets	1. Purchase quarterly 2. Monthly send outs 3. Monitor daily	1. Coordinator 2. Coordinator & Resource Specialist 3. Coordinator & Resource Specialist
Smoking Cessation	1. Purchase nicotine patches & gum 2. Make referrals to Cessation classes	1. Purchase quarterly 2. Monthly send outs	1. Coordinator 2. Coordinator & Resource Specialist
Incentives	1. Purchase \$5 gift cards 2. Purchase graduation recognition awards	1. Purchase bi-monthly 2. As needed	1. Coordinator 2. Coordinator

The entry process begins with a referral to DTC thru the Coordinator. Most referrals typically come from Law Enforcement, Public Defender's office (PD), Defense Attorney, Community Supervision (CS), State's Attorney's office (SAO) or at bond review hearings. A criminal history of the potential participant is conducted by the SAO to determine eligibility. If the defendant is eligible, the Coordinator will conduct an Intake Interview. The potential participant will receive a

copy of the Handbook, which is explained, in depth, during the Intake Interview. If the defendant is agreeable to further evaluation for entry, then the Coordinator will make a referral to the P103 counselor to complete a substance abuse assessment. All defendants must undergo an assessment to establish drug dependency.

P103 utilizes a strength-based, culturally sensitive, psychosocial history that identifies drug abuse history, and other problem areas that may contribute to abuse or hinder participants' progress, while identifying strengths that may be utilized to enhance the participant's progress. Counselors administer the Addiction Severity Index (ASI), to assess strengths, weaknesses and spirituality. A health questionnaire is used to determine risk and predictors of success. The DSM-IV criteria are applied to determine substance abuse and dependence diagnoses. The American Society of Addiction Medicine (ASAM) determines the level of care placements and addictions services. Finally, the counselor conducts a bio-psychosocial interview and evaluates the participant's recovery environment, co-occurring medical and mental problems, readiness to change, relapse potential, and intoxication or withdrawal potential to determine treatment needs and the level of care.

The ASI and bio-psychosocial interview, conducted by the P103 initial assessment, and the Intake Interview the RANT Risk/Need Assessment by the DTC Coordinator, and ongoing assessments conducted by the Resource Specialist are the primary instruments used to assess needs for primary and mental health care services. The variables to be considered will include a need for additional assessments, physical health needs, life skills needs, educational assistance, vocational assistance, parenting skills and housing needs. DTC staff will make referrals to appropriate services, consistent to individual participant treatment needs.

Many participants are referred to local mental health agencies for ongoing therapy and medication maintenance, as needed. Villa Maria of Frederick County is a primary agency due to their acceptance of PAC for payment and reimbursement.

As for Sustainability, The DTC Coordinator continually seeks out grant opportunities and makes application when deemed appropriate. It is the plan that the Frederick County DTC will mirror similar DTC's in Maryland that have already shown a cost savings to their respective counties through a cost benefit analysis. It is the long-term goal that DTC will be absorbed into the state/county government as a cost saving measure after a cost benefit analysis of our DTC is eventually conducted.

The DTC is supported by the County's Substance Abuse Council (SAC) and mentioned as one of the objectives in the first goal for the Council's strategic plan for FY1. The DTC continues to reach out to the local community by inviting the public, national, state and local political office holders, policy makers, media and others to Drug Court events such as Graduation Ceremonies. At a recent DTC Graduation among those attending were David Mineta, Deputy Director of Demand Reduction and Peter Gaumond, Chief of the Recovery Branch, White House Office of National Drug Control Policy, Carson Fox, Chief Operating Officer for the National Association of Drug Court Professionals and Carolyn Hardin, Director of the National Drug Court Institute.

As DTC admission and enrollment figures have remained consistent over the previous three years, it is expected that the DTC will serve between 45 and 50 participants in any given year. The services being requested in this grant will be made available to all DTC participants in the program, without exclusion.

The cost per-unit for the DTC in the first year of this grant will be \$2,631. In year 2 and 3 of this grant, the cost can be expected to remain nearly constant. This is attributed to the elimination of the initial startup cost of MRT training. However, personnel salary and fringe benefits can be

expected to increase based upon any COLA and Merit increase Frederick County government implements. The exact figures for the potential increase cannot be calculated at this time, however, a 3% increase can be estimated on a yearly basis.

The cost per-unit for the DTC in the second year of this grant will be \$2,561. And the cost per-unit for the DTC in the third year of this grant will be \$2,600.

**d. Staff and Organizational Experience**

Since the inception of the DTC on May 27, 2005, we have had a total of 162 participants enter the DTC program. As of April 8, 2013, there are 35 active participants, 69 graduates, 2 Administrative Discharge and 56 terminations. These numbers reflect a positive graduation rate that speaks to the overall success of the DTC program and how the structure of the program directly benefits the participants.

The DTC is supported by the Frederick County Substance Abuse Council (SAC) and mentioned as an objective in the Council's strategic plan for FY13. The SAC has made a commitment to continue to support the DTC by providing treatment counselors and to continuing to look for ways to expand services to the participants.

The DTC has partnerships and/or linkages to the following: State and local elected officials, local law enforcement representatives, local community groups, Frederick County Bar Association, Maryland Office for Children and Family, Frederick County Circuit Court, Child Advocacy Center, Frederick County Adult Detention Center, Frederick Memorial Hospital, Maryland DSS Adult Services, Family Partnership of Frederick County, Frederick County Public Schools, Mental Health Management Agency, WaterBoyz for Jesus, Workforce Development, Division of Rehabilitation Services, Frederick Community Action Agency, Frederick Community College and Frederick County Substance Abuse Council.

**1. Paul Wolford, Drug Court Coordinator and Project Director (Key Personnel)**

The DTC Coordinator does not have a caseload of participants. The DTC Coordinator essential role is managing and oversight of the overall operation of the Frederick County Drug Treatment Court. This position is responsible for services that keep the program operational and organized. The DTC Coordinator is responsible for ensuring commitment from various specified agencies to a comprehensive, integrated, multidisciplinary approach to combat the problem of substance abuse in Frederick County. The duties of the DTC Coordinator include overseeing the ongoing development, management and coordination of the Adult Drug Treatment Court; providing management oversight and monitoring of the DTC daily operations; responsible for quality assurance of the reporting system which includes drug testing and screening, as well as attendance and participation in various specified programs; testing data collection procedures; ensuring compliance with SMART for reporting performance measures and standard data elements; coordinating ongoing training and educational opportunities for DTC staff; formulating evaluation data for additional grant opportunities; overseeing the incentive and sanction program; acting as a consultant and liaison on DTC issues between the County Circuit Court and local/private treatment providers; ensuring accuracy and timeliness of all data collected to develop statistical and narrative reports; facilitating the cooperation requisite in the drug courts' non-adversarial approach; organizing and attending DTC staffing and hearings; attending statewide and local conferences, meetings and sitting on various committees as the DTC representative for Frederick County; preparing quarterly report on expenditures and statistics for the Administrative Office of the Courts; and performing additional various diversified tasks and assignments as may be required by the Court Administrator, DTC Judge and/or Judicial Officers.

## **2. Mickey Stenger, Drug Court Resource Specialist**

The DTC Resource Specialist is responsible for overseeing the ancillary service component of the Frederick County Circuit Court's Adult Drug Treatment Court, while providing program support to a caseload of participants. Supervision is received from the DTC Coordinator, with oversight by the DTC Judge and Court Administrator. The DTC Resource Specialist duties include maintaining comprehensive knowledge of community-based agencies and services; assessing participant needs and making appropriate referrals to community resources; developing and monitoring individual case plans; completing weekly case notes; developing and maintaining weekly reports; evaluating prospective resources; establishing and developing new contacts; obtaining and monitoring program services and resources; assessing and supporting program and participant needs; coordinating community service projects and volunteer projects for participants; facilitating participants' effective and consistent access to existing community resources; monitoring participant progress; operating, overseeing and conducting the drug and alcohol testing program, which includes observing urine and oral drug testing; assisting participants in obtaining access to public medical insurance coverage and disability programs.

## **3. Frederick County Health Department – Substance Abuse Division (P103)**

P103 utilizes a strength-based, culturally sensitive, psychosocial history that identifies drug abuse history, and other problem areas that may contribute to abuse or hinder participants' progress, while identifying strengths that may be utilized to enhance the participant's progress. Counselors administer the Addiction Severity Index (ASI), to assess strengths, weaknesses and spirituality. A health questionnaire is used to determine risk and predictors of success. The DSM-IV criteria are applied to determine substance abuse and dependence diagnoses. The American Society of Addiction Medicine (ASAM) determines the level of care placements and addictions services. Finally, the counselor conducts a bio-psychosocial interview and evaluates the participant's recovery environment, co-occurring medical and mental problems, readiness to change, relapse potential, and intoxication or withdrawal potential to determine treatment needs and the level of care.

The primary treatment concern is the effect substance abuse has on participants' lives and others. Interventions employed include 12-Steps, Chronic Disease Model, Motivational Enhancement and Cognitive Behavior. Treatment services are comprised of group and individual counseling sessions with varying frequencies depending upon the treatment level. Counselors are licensed by the MD State Board as addictions counselors.

An individualized treatment plan is developed using results from the assessment. Participant strengths and needs are determined during the assessment, using tools including ASI and a strengths questionnaire. Treatment plans are reviewed every 30 days for participants in Intensive Outpatient Treatment (Level II), and every 90 days for those in Outpatient Treatment (Level I). Treatment intensity and frequency will be stepped down as the participant completes treatment objectives (i.e. participating in treatment, remaining drug/alcohol-free, attending self-help groups).

During Phase I, the participant is oriented to treatment and stabilized. Initial treatment may consist of participation in Level II (9-15 hours per week) or Level I (less than 9 hours per week). IOP begins with structured groups 3 hours daily, 5 days a week. Participants are expected to attend group and self-help meetings and complete several assignments. Once participants meet treatment benchmarks, they may be allowed to decrease the number of treatment days, yet still be participating in IOP. A participant may be in Level II for 8 to 20 weeks, or longer.

Once the participant has progressed through Level II to Level I, the focus is on relapse prevention strategies, feelings and crisis management. A participant may begin Level I treatment once an assessment indicates a need for less intensive services. A participant may be in Level I for up to 26 weeks, or longer. In order to complete treatment, the participant will need to be drug-free for 6 months; demonstrate knowledge/practice of recovery concepts and relapse prevention techniques. The counselor will discuss continuing care goals and objectives after treatment plan completion.

**HIV and Hepatitis Services** – P103 staff assess all persons referred for treatment services for HIV, Hepatitis, Tuberculosis and other Sexually-Transmitted Diseases. This is in compliance with COMAR regulations and grant requirements. Clinicians review client questionnaires that identify risk factors and client concerns regarding HIV and Hepatitis. Referrals for further testing and/or education are provided as needed.

#### **4. Mental Health Management Agency of Frederick County (MHMA)**

The mission of MHMA is to strive to provide for the mental wellness of the citizens of Frederick County eligible for Public Mental Health Services promoting a well-coordinated, comprehensive, and fiscally accountable mental health system.

MHMA is responsible for managing and monitoring the provision of mental health services to the current Public Mental Health System Eligible populations of children, adolescents, and adults with mental illness who have Medical Assistance or are uninsured. The emphasis is on choice among alternatives to influence current services.

MHMA has an impressive and dedicated membership on its Board of Directors. These individuals represent many segments of the community, including education, business, health, law, and the clergy.

#### **e. Data Collection and Performance Measurement**

The DTC and P103 utilize the State of Maryland Automated Record Tracking (SMART) program that is operated by the Institute for Governmental Service & Research at the University of Maryland. Utilization of the SMART program is required by the Administrative Office of the Courts – Problem Solving Courts for all Drug Court's within the State of Maryland.

SMART collects extensive data on each participant. All data is regulated by 42 C.F.R., Part 2, and HIPPA. SMART has the ability to compile over 18 reports client compliance and program success rates. The reports include: Number of Active Clients; Characteristics and Demographics at Admission and Discharge; Summary of Court Events; Case Management Activities, Referrals & Services; Drug Testing Outcomes; Treatment Encounters; Negative Behaviors & Sanctions; Positive Behaviors & Incentives; Rearrests and Technical Violations for Active Clients and at Discharge; Average Active Client Count and Community Service Hours Assigned and Completed. The website for SMART is <https://smart.igsr.umd.edu/smart>

#### **f. Electronic Health Record (EHR) Technology**

P103 utilizes the SMART system as EHR. P103 is required to use SMART for many data elements are reported to the ADAA. The vendor is IGSR through the state of Maryland and the University of Maryland.

## **BUDGET INFORMATION & JUSTIFICATION**

### **A. PERSONNEL**

<b>Position</b>	<b>Name</b>	<b>Annual Salary</b>	<b>Level of Effort</b>	<b>Cost</b>
1. Project Director – Drug Court Coordinator	Paul Wolford	In-kind cost	100%	\$0
2. Resource Specialist	Mickey Stenger	\$41,271	100%	\$41,271
3. Substance Abuse Counselor	Project 103	In-kind cost	50%	\$0
			<b>TOTAL</b>	<b>\$41,271</b>

### **JUSTIFICATION:**

#### **1. Drug Court Coordinator – Key Personnel**

The DTC Coordinator is essential to the overall operation of the DTC program. This position is responsible for services that keep the program operational and organized. The DTC Coordinator is responsible for ensuring commitment from various specified agencies to a comprehensive, integrated, multidisciplinary approach to combat the problem of substance abuse in Frederick County.

- a. Shall be the custodian of the Memorandum of Understanding and all records of the DTC.
- b. Serves as assistant to the Judge and provide clarification and direction to the remaining DTC staff members.
- c. Coordinates the selection of treatment providers, reviews, modifies and negotiates contracts for treatment programs, reviews progress reports for compliance with DTC expectations and reviews billing for accuracy.
- d. Identifies resources to support the DTC program and prepares grant applications and reports to secure continued funding of the DTC.
- e. Reports progress of the DTC program to the advisory board, grantee and other groups.
- f. Maintains statistics describing DTC program participants.
- g. Attends DTC hearings to observe, testify or represent DTC.
- h. Interprets court orders and/or proceedings for offenders.
- i. Holds weekly DTC staffing on participants.
- j. Explains DTC requirements and expectations to each participant.
- k. Conducts Intake Assessment for determination of collateral needs exclusive of treatment.
- l. Provides advocacy and referrals for DTC participants.

#### **2. Resource Specialist**

This fund request seeks to support one full-time DTC Resource Specialist. The salary is calculated based upon FY14 salary and benefit figures provided by Frederick County employee salary schedule. The Resource Specialist is responsible for overseeing the ancillary service component of the DTC, while providing program support to a caseload of participants. The Resource Specialist duties include but are not limited to:

- a. Responsible for overseeing the collateral service component of the DTC.
- b. Operating, overseeing and conducting the drug and alcohol testing program, which includes observing urine and oral drug testing.

- c. Develops and monitors individual case plans
- d. Assesses participant needs and makes appropriate referrals to community resources
- e. Facilitates access to services and monitoring participant progress.
- f. Maintains comprehensive knowledge of community-based agencies and services.
- g. Completes weekly case notes and reports
- h. Establish and evaluate new community resources/contacts.
- i. Assist participants in obtaining access to public medical insurance coverage & disability programs.
- j. Develop and coordinates community service and volunteer projects for participants.

3. Project 103 – Substance Abuse Counselor

- a. Provides group and individual treatment services, case monitoring and regular reports to the DTC regarding the progress of DTC participants.
- b. Conducts drug testing (as necessary) and advises the DTC of the drug test results.
- c. Regularly communicates with the DTC judge and the rest of the DTC staff regarding DTC participants' progress in the DTC program (e.g., attendance in treatment, drug test results and sanction/incentives that might be warranted).
- d. Attends DTC staffing and /or DTC hearings as needed.
- e. Reports on the treatment provider's recommendations for DTC participant phase advancement or graduated use of sanctions.
- f. Provide treatment data in accordance with 42 CFR, Section 2, and HIPPA confidentiality regulations.
- g. Creates individualized treatment plans to address participants' needs.
- h. Provides participants with assistance and support in crisis situations.

**FEDERAL REQUEST:                      \$41,271**

**B. FRINGE BENEFITS**

Type	Rate	Wage	Cost
Health Insurance	43.55%	\$41,271	\$17,977
FICA – Social Security	6.2%	\$41,271	\$ 2,559
FICA – Medicare	1.45%	\$41,271	\$ 598
Retirement – Defined Benefit	19.6%	\$41,271	\$ 8,089
OPEB	16%	\$41,271	\$ 6,594
Life Insurance	.23%	\$41,271	\$ 95
Dental	.15%	\$41,271	\$ 60
Unemployment	.24%	\$41,271	\$ 101
Workers Compensation	.15%	\$41,271	\$ 62
		<b>TOTAL</b>	<b>\$36,135</b>

**JUSTIFICATION:**

**Fringe Benefits** reflects the current rate as set forth by the Frederick County Government salary and benefits schedule.

**FEDERAL REQUEST:                      \$36,135**



### C. TRAVEL

Purpose of Travel	Location	Item	Rate	Cost
1. MRT Training – Correctional Counseling, Inc. Staff	Frederick, MD	Flat travel fee	1 trainer	\$1,600
2. Grantee Conference – 3 DTC Staff members attending	Washington, DC	Conference Registration	\$500ea x 3 people	\$1,500
		Mileage	140 miles at .575/mile x 3 people	\$241.50
		Hotel	\$225/night x 2 nights x 3 people	\$1,350
		Parking	\$25/day x 3 days x 3 people	\$225
		Per Diem	\$50/day x 3 days x 3 people	\$450
			<b>TOTAL</b>	<b>\$5,366.50</b>

#### JUSTIFICATION:

**MRT Training** – Staff training is necessary for the implementation of MRT. Correctional Counseling, Inc. would conduct the staff training at an on-site location. This would eliminate the cost of travel for a large group of DTC staff and limit travel costs to only one person from Correctional Counseling, Inc.

**Grantee Meetings** – Staff attendance is required by SAMHSA at the Mandatory Grantees Annual Meeting. The DTC intends to send the DTC Coordinator in his role as Project Director, along with two additional DTC staff members yet to be determined.

At these meetings, grantees will present the results of their projects and federal staff will provide technical assistance. Each meeting will be 3 days. These meetings are usually held in the Washington, D.C., area and attendance is mandatory. Since the meetings will be held in close proximity, the only travel cost will include vehicle mileage reimbursement and parking at the hotel (airfare will not be necessary), 3 nights in a conference or nearby hotel, conference registration fees and per diem for three DTC staff members.

**FEDERAL REQUEST:** **\$5,366.50**

#### D. SUPPLIES

Item	Rate	Cost
MRT Workbook	\$25ea x 30 participants	\$750
Urine Drug Screens	2,100 screens x \$5.25ea	\$11,025
Oral Drug Screens	720 screens x \$5.30ea	\$3,816
Nicotine Patches	\$60/box x 60 boxes	\$3,600
Nicotine Gum	\$30/box x 50 boxes	\$1,500
	<b>TOTAL</b>	<b>\$20,691</b>

#### JUSTIFICATION:

**MRT Workbooks** – MRT workbooks will also need to be purchased for each participant in the group. The workbooks are \$25 each. 30 participants can be anticipated to be enrolled in MRT.

**Urine Drug Screening Devices** – The DTC will purchase urine screening devices to assess the abstinence from illegal substances of the male participants. It is estimated that the DTC will conduct approximately 175 Rapid screens each month. This will calculate to 2,100 screens over the course of the next fiscal year. The DTC has plans to begin to utilize a 13-panel screen drug screen, which will test for all of the primary substances of abuse. The cost per screen for next fiscal year is to be \$5.25 each.

Participants must submit to urine or saliva screens when requested. The DTC utilizes a phone call-in system to randomize the monthly schedule. Participants are required to check in each day to obtain the “color of the day” in order to know if they must appear in the DTC office for a drug screen. The screens are witnessed by the Resource Specialist or Coordinator. The number of screens a participant must submit to is based upon their assigned color. Red is tested most frequently (>7x/mth), Blue (>5x/mth), Yellow (>3x/mth) and Green (>2x/mth).

The DTC will purchase oral screening devices to assess the abstinence from illegal substances of primarily the female participants. The use of this device is due to the lack of a female staff member that would be able to observe a urine screen. Utilizing the oral screen allows it to be observed by the current male DTC staff members. It is estimated that the DTC will conduct approximately 60 oral screens each month. This will calculate to 720 screens over the course of the next fiscal year. The DTC currently uses a 6-panel oral screen. The cost is for next fiscal year is estimated to be \$5.30 each.

Rapid Screens     175 screens x 12 months = 2,100 screens x \$5.25ea = \$11,025

Oral Screens        60 screens x 12 months = 720 screens x \$5.30ea = \$3,816

**Nicotine Patches and Gum** – The DTC will encourage participants to cease smoking cigarettes and utilizing other tobacco products. The DTC will work in coordination with the Frederick County Health Department Prevention Services division to provide smoking cessation classes and offer participants nicotine patches and gum as means to address the physical addiction to tobacco products. Numerous national studies have been conducted that correlate smoking cessation with other treatment programs and participant success in recovery.

Nicotine Patches     60 boxes x \$60ea = \$3,600

Nicotine Gum        50 boxes x \$30ea = \$1,500

**FEDERAL REQUEST:                      \$20,691**

## E. CONTRACTS

Name	Service	Rate	Other	Cost
Correctional Counseling, Inc.	MRT Training	\$600 – 1 <sup>st</sup> person \$500 – 9 people	5 days	\$5,100
Mental Health Management Agency of Frederick County	TAMAR Trauma Group	\$5,000 bi-annually		\$10,000
Redwood Toxicology	Drug testing services for Synthetic THC	\$30ea	240 tests	\$7,200
Redwood Toxicology	Drug testing services for Designer Stimulant	\$40ea	72 tests	\$2,880
Alcohol Monitoring Systems, Inc.	SCRAMx bracelet monitoring	\$5.30 per day	6420 days	\$34,026
			<b>TOTAL</b>	<b>\$59,206</b>

### JUSTIFICATION:

**MRT Training** – Correctional Counseling, Inc. will conduct on-site trainings for programs that commit to have 10 staff members participate in the 5 day training. The cost is \$600 for the first person and \$500 for each staff person thereafter.

**TAMAR – Male Trauma Treatment** – Since the Drug Court began in 2005, there has been a consistent need for specialized mental health treatment that deals with the all-too-common abuse history of those in recovery. Up until January 2010, those male participants who have this type of history have been referred to individual mental health counseling, which has proved to be helpful but not as successful as this type of specialized treatment group.

In January 2010, the Drug Court was awarded a Byrne Justice Recovery Act grant through the Governor's Office of Crime Control and Prevention to begin the first community-based male-only Trauma, Addictions, Mental Health and Recovery (TAMAR) group in Frederick County.

The TAMAR program is designed to educate and treat those who have a history of physical and/or sexual abuse, a recent treatment history for a mental health condition and an alcohol or drug use or abuse disorder. The most current statistics from the TAMAR program reports that 86% of all TAMAR participants also have a substance abuse issue or history. The cost for such a program would be minimal in comparison to the funding for weekly individual meeting with a specialized mental health provider.

Because the TAMAR program has proven to be very effective in assisting male participants recognize, confront and live with the trauma in their past; the Drug Court will request funds for a full year of funding for the TAMAR group. This grant would continue to fund the current TAMAR program for men in the community at the same rate. The contracted cost estimated by the facilitator covers all materials and facilitator fees.

One year of funding is \$10,000.

**Synthetic Marijuana & Designer Stimulant Drug Screens** – The Drug Court has experienced a recent trend, like many other jurisdictions, of Synthetic Marijuana and Designer Stimulant use. We were able to secure additional funding in FY12 from the Administrative Office of the Courts and the Frederick County Board of County Commissioners to begin testing for these substances and had 2 positive tests submitted.

The Drug Court has utilized Redwood Toxicology Laboratories to analyze the drug screens once they have been collected by the Drug Court staff. Redwood Toxicology Laboratories has been the primary supplier of the Rapid drug screens (both urine and oral fluids). The Drug Court is very satisfied with the quality of products as well as professionalism of Redwood Toxicology Laboratories representatives.

Redwood Toxicology Laboratories was the first lab in the world to develop a urine-based metabolite test and oral fluid parent drug test for "synthetic marijuana." 4 to 100 times stronger than marijuana, users often turn to these herbal smoking products marketed under brand names such as K2, K3 Legal, Syn, Spice, etc. The cost of this send out test is \$30.

Designer synthetic stimulants are produced in clandestine labs, and sold online or available at smoke shops. Promoted as "bath salts," "research chemicals," or "plant food," product labeling attempts to circumvent regulation by suggesting they are not for human consumption. Additionally, some forms of designer stimulants may be sold as "legal" MDMA (Legal X), or sold and veiled as MDMA tablets. The cost of this send out test is \$40.

20 Synthetic THC screens per month x 12 months = 240 screens x \$30ea = \$7,200

6 Designer Stimulant screens per month x 12 months = 72 screens x \$40ea = \$2,880

**SCRAM Alcohol Bracelet Monitoring** – The Drug Court has an inventory of 29 alcohol monitoring bracelets (SCRAM) from Alcohol Monitoring Systems (AMS) with funds from previous BJAG grants through GOCCP. These bracelets are extremely effective as both a monitor for alcohol consumption and as a tool for the participant to remain abstinent from alcohol. The ongoing cost for these devices is a daily monitoring fee. The Drug Court, with grant money, will pay for this fee.

As of October 1, 2012, the Drug Court re-implemented the policy requiring all Phase 1 participants to wear the SCRAM bracelet at least until their promotion to the next phase. The re-implementation was only due to securing grant funding for one year from the Maryland Governor's Office of Crime Control and Prevention in. This vital funding expires on September 30, 2013.

Phase 1 is a fragile time during recovery, a time that lends itself to the tendency to substitute alcohol for their drug of choice. The Drug Court will continue to monitor all other participants on an "as needed basis."

With the re-implementation of this protocol, the DTC has averaged approximately 475 days of monitoring each month. However, since 1/1/13, the DTC has averaged 535 monitored days per month. This increase is due to an influx of Phase 1 participants as well as an increased need to monitor some participants in later phases of the DTC. As of 4/9/13 the daily monitoring cost is \$5.30 per day.

535 monitored days x 12 months = 6,420 total days x \$5.30 daily fee = \$34,026

**FEDERAL REQUEST:                      \$59,206**

## F. OTHER

Item	Rate	Cost
Client Weekly Incentives	2 x \$5 gift cards x 52 weeks	\$520
Graduation Recognition Awards	\$45 watch x 20 graduates	\$900
Photo Paper	\$23/box x 3 boxes	\$69
Certificate Paper	56/box x 2 boxes	\$112
Photo Frames	\$47/box x 4 boxes	\$188
	<b>TOTAL</b>	<b>\$1,789</b>

### JUSTIFICATION:

**Incentives, Graduation recognition Awards, Photo paper/frames & Certificates –** Studies have shown that small positive reinforcements have a great impact on increasing success in recovery, reducing treatment dropout rate and increasing DTC appointment compliance.

The DTC recognizes all participants in all three Phases who have been fully compliant in DTC each week at the DTC Status Hearing. This recognition is done by utilizing an “All-Star Board.” In order for a participant to achieve All-Star status, they must have been fully compliant with treatment progress/attendance, referral appointment attendance, community supervision, negative drug screens, etc.

The DTC also awards “Incentive Cards” during the time between their DTC Status Hearings. The participant earns the Incentive Cards by displaying positive progress in treatment, negative drug screens, compliant with attendance at all scheduled appointments, etc. Only the participants in Phase 1 and Phase 2 are awarded Incentive Cards. Phase 3 participants are expected to have achieved a point in their recovery and DTC to have internalized the incentive. One participant in Phase 1 and one in Phase 2 are awarded a \$5 gift card. The award is based upon the number of Incentive cards earned. In cases of ties, the DTC Coordinator does a blind draw of a participant for the incentive award.

The DTC awards a Phase Completion certificate to each participant as they progress through the DTC program. This is an important recognition for the participant as it acknowledges their positive progress in the DTC and their individual recovery.

The DTC will recognize graduates upon their successful completion of the DTC program with a Graduation Ceremony. These ceremonies in the past have been very moving and rewarding for the graduates, their families, the DTC Staff, as well as members of the community who have been in attendance. The DTC would like to continue to recognize the graduates with a small acknowledgement of their success by presenting a watch, a completion certificate and a photo of the participant with the DTC Judge. I have often been told by DTC Graduates that the reminders of their hard work, determination and success in the DTC program have been essential to their ongoing recovery after completion of the DTC.

**FEDERAL REQUEST:**                      \$1,789

## PROJECT/PERFORMANCE SITE LOCATION

OMB Number: 4040-0010  
Expiration Date: 08/31/2011

### Project/Performance Site Location(s)

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

#### Project/Performance Site Primary Location

Organization Name: **Frederick County Circuit Court – Adult Drug Treatment Court**

DUNS Number: **063199665**

\* Street1: **100 West Patrick Street**

Street2: **Room 130 - 131**

\* City: **Frederick** County: **Frederick**

\* State: **Maryland**

Province:

\* Country: **United States**

\* ZIP / Postal Code: **21701-5578** \* Project/Performance Site Congressional District: **6<sup>th</sup> District**

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

#### Project/Performance Site Location 1

Organization Name: **Frederick County Health Department – Substance Abuse Division**

DUNS Number:

\* Street1: **300-B Scholl's Lane**

Street2:

\* City: **Frederick** County: **Frederick**

\* State: **Maryland**

Province:

\* Country: **United States**

\* ZIP / Postal Code: **21701-6380** \* Project/Performance Site Congressional District: **6<sup>th</sup> District**

See next page for instructions.

## Project/Performance Site Location Instructions

### Enter Project/Performance Site Primary Location (Required):

Indicate the primary site where the work will be performed. The primary project/performance site location is a required section.

If a portion of the project will be performed at any other site(s), identify the site location(s) in the additional block(s) provided. These additional sites are optional.

Field Name	Input
Organization Name	Indicate the organization name of the primary site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the block(s) provided. (This field is not applicable for applicants using the SF 424 Individual Form Set.)
DUNS	Enter the DUNS number associated with the organization where the project will be performed. (Note this field is not required for applicants using the SF424 Individual Form set.)
*Street 1	Enter first line of the street address in "Street 1" field of the primary performance site location.
Street 2	Enter second line of the street address in "Street 2" field for the primary performance site location.
*City	Enter the City for address of the primary performance site location.
County	Enter the County for the performance site location.
*State	Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.
Province	Enter the Province where the primary performance site location is located.
Country	Enter the name of the country for the primary project performance site
*Zip Code	Enter the nine-digit Postal Code (e.g., ZIP code) of the primary performance site location. This field is required if the Project Performance Site is located in the United States.
*Project's Congressional District	Enter the Congressional District of the Primary Project/Performance location in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. Note it is likely that this field will be identical to the "Congressional Districts of Applicant" field provided elsewhere in this application.

**Project/Performance Site Location 1 (Optional):** If more than 2 performance site locations are proposed, this form may be duplicated as necessary.

Field Name	Input
Organization Name	Indicate the organization name of the site where the work will be performed. If a portion of the project will be performed at any other site(s), identify the site location(s) in the block(s) provided. (This field is not applicable for applicants using the SF 424 Individual Form Set.)
DUNS	Enter the DUNS number associated with the organization where the project will be performed. (Note this field is not required for applicants using the SF424 Individual Form set.)
*Street 1	Enter first line of the street address in "Street 1" field of the primary performance site location. This field is required.
Street 2	Enter second line of the street address in "Street 2" field for the primary performance site location. This field is optional.
*City	Enter the City for address of the primary performance site location. This field is required.
County	Enter the County for the performance site location.
*State	Enter the State where the primary performance site location is located. This field is required if the Project Performance Site is located in the United States.
Province	Enter the Province where the primary performance site location is located.
Country	Enter the name of the country for the primary project performance site
*Zip Code	Enter the nine-digit Postal Code (e.g., ZIP code) of the primary performance site location. This field is required if the Project Performance Site is located in the United States.



<p>*Project's Congressional District</p>	<p>Enter the Congressional District of this Project/Performance site in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If all districts in a state are affected, enter "all" for the district number. Example: MD-all for all congressional districts in Maryland. If nationwide (all districts in all states), enter US-all. If the program/project is outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site. Note it is likely that this field will be identical to the "Congressional Districts of Applicant" field provided elsewhere in this application.</p>
--	---

# **ATTACHMENT**

## **1**

### **Substance Abuse Provider Organization**

Frederick County Health Department  
Substance Abuse Division – Project 103  
300-B Scholl's Lane  
Frederick, MD 21701  
Phone: 301-600-1775

### **Direct Service Provider Organization**

Mental Health Management Agency of Frederick County, Inc.  
TAMAR Program  
22 South Market Street  
Suite 8, Floor 2F  
Frederick, MD 21701  
Phone: 301-682-6017

**\*\* Statement of Assurance is attached**

**\*\* Letters of Commitment have been requested but not yet arrived**



# ATTACHMENT

## 2

**Data Collection Instrument** – The DTC and P103 utilize the State of Maryland Automated Record Tracking (SMART) program that is operated by the Institute for Governmental Service & Research at the University of Maryland. Utilization of the SMART program is required by the Administrative Office of the Courts – Problem Solving Courts for all Drug Court’s within the State of Maryland.

SMART collects extensive data on each participant. All data is regulated by 42 C.F.R., Part 2, and HIPPA. SMART has the ability to compile over 18 reports client compliance and program success rates. The reports include: Number of Active Clients; Characteristics and Demographics at Admission and Discharge; Summary of Court Events; Case Management Activities, Referrals & Services; Drug Testing Outcomes; Treatment Encounters; Negative Behaviors & Sanctions; Positive Behaviors & Incentives; Re-arrests and Technical Violations for Active Clients and at Discharge; Average Active Client Count and Community Service Hours Assigned and Completed.

The website for SMART is <https://smart.igsr.umd.edu/smart>.



# **ATTACHMENT**

## **3**





# Frederick County Drug Treatment Court

## SIXTH JUDICIAL CIRCUIT OF MARYLAND

Paul Wolford  
Drug Treatment Court Coordinator  
(301) 600-2978, fax (301) 600-2226

Frederick County Courthouse  
100 W. Patrick St., Room 130-131  
Frederick, MD 21701

### Consent for the Release of Confidential Information

I, \_\_\_\_\_ authorize:  
(name of participant)

- ☐ Frederick County Substance Abuse Services (name of program making disclosure)
- ☐ Frederick County Drug Treatment Court Team Members as defined in the DTC Participant Handbook

to communicate with and disclose to one another the following information (nature and amount of the information as limited as possible):

\_\_\_\_\_ my diagnosis, prognosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, referrals and recommendations, attitude, medication as reported by patient, and

\_\_\_\_\_

The purpose for such disclosure is to inform the person(s) listed above of my attendance and progress in treatment and coordination of services.

I understand that my alcohol and/or drug treatment records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- ☒ Sixty (60) days following a formal and effective completion, termination or revocation of my release from the Frederick County Drug Treatment Court under which I was mandated into treatment.

I understand that I might be denied entry into the Drug Treatment Court program if I refuse to consent to a disclosure for purposes of treatment and supervision, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Dated: \_\_\_\_\_

X \_\_\_\_\_  
(Signature of participant)

X \_\_\_\_\_  
(Signature of DTC Coordinator)



# Frederick County Drug Treatment Court

## SIXTH JUDICIAL CIRCUIT OF MARYLAND

Paul Wolford  
Drug Treatment Court Coordinator  
(301) 600-2978, fax (301) 600-2226

Frederick County Courthouse  
100 W. Patrick St., Room 130-131  
Frederick, MD 21701

### Consent for the Release of Confidential Information

I, \_\_\_\_\_ authorize:  
(name of participant)

☐ TAMAR – Elisza Fisher, counselor; Mental Health Management Agency (name of program making disclosure)

☐ Frederick County Drug Treatment Court Team Members as defined in the DTC Participant Handbook

to communicate with and disclose to one another the following information (nature and amount of the information as limited as possible):

\_\_\_\_\_ my diagnosis, prognosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, referrals and recommendations, attitude, medication as reported by patient, and

\_\_\_\_\_

The purpose for such disclosure is to inform the person(s) listed above of my attendance and progress in treatment and coordination of services.

I understand that my alcohol and/or drug treatment records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

☒ Sixty (60) days following a formal and effective completion, termination or revocation of my release from the Frederick County Drug Treatment Court under which I was mandated into treatment.

I understand that I might be denied entry into the Drug Treatment Court program if I refuse to consent to a disclosure for purposes of treatment and supervision, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Dated: \_\_\_\_\_

X \_\_\_\_\_  
(Signature of participant)

X \_\_\_\_\_  
(Signature of DTC Coordinator)



# Frederick County Drug Treatment Court

## SIXTH JUDICIAL CIRCUIT OF MARYLAND

Paul Wolford  
Drug Treatment Court Coordinator  
(301) 600-2978, fax (301) 600-2226

Frederick County Courthouse  
100 W. Patrick St., Room 130-131  
Frederick, MD 21701

### Consent for the Release of Confidential Information

I, \_\_\_\_\_ authorize:  
(name of participant)

☐ Villa Maria (Catholic Charities) (name of program making disclosure)

☐ Frederick County Drug Treatment Court Team Members as defined in the DTC Participant Handbook

to communicate with and disclose to one another the following information (nature and amount of the information as limited as possible):

\_\_\_\_\_ A copy of Treatment Plan to include - DSM-IV Diagnosis, Mental Health Evaluation Results, Clinical Impressions, Referrals, Prognosis, Recommendations and Medication

\_\_\_\_\_ Reports of ongoing progress in counseling and psychiatric appointments to include - attitude, attendance reports, alterations in established Treatment Plan

\_\_\_\_\_

The purpose for such disclosure is to inform the person(s) listed above of my attendance and progress in treatment and coordination of services.

I understand that my alcohol and/or drug treatment records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

☒ Sixty (60) days following a formal and effective completion, termination or revocation of my release from the Frederick County Drug Treatment Court under which I was mandated into treatment.

I understand that I might be denied entry into the Drug Treatment Court program if I refuse to consent to a disclosure for purposes of treatment and supervision, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Dated: \_\_\_\_\_

X \_\_\_\_\_  
(Signature of participant)

X \_\_\_\_\_  
(Signature of DTC Coordinator)



# **ATTACHMENT**

**4**

**Requested but  
not yet arrived**

**Kathleen Rebbert-Franklin, M.S.W., LCSW**  
Acting Director, Alcohol & Drug Abuse Administration  
Maryland Department of Health & Mental Hygiene  
55 Wade Avenue  
Catonsville, MD 21228  
Phone: 410-402-8615





# **ATTACHMENT**

## **5**



# **Memorandum of Agreement**

## **Frederick County Drug Treatment Court**

---

This MEMORANDUM OF AGREEMENT is made and entered into on the 19<sup>th</sup> day of April, 2005 BY and BETWEEN the Frederick County Circuit Court, Frederick County State's Attorney Office, Frederick County Public Defender Office, Division of Parole and Probation, Frederick County Health Department – Substance Abuse Services, Frederick County Sheriff's Office, Frederick City Police Department, Thurmont Police Department, Brunswick Police Department, Maryland State Police Barrack B and Job Training Agency.

Whereas, the Frederick County Drug Treatment Court began a coordinated operation on April 19, 2005, a Memorandum of Agreement is necessary to clarify the respective roles and expectations of the participating agencies. A cooperative program comprised of agencies representing the Frederick County justice and treatment communities, the Drug Treatment Court operates with the mission of channeling non-violent drug addicted offenders charged in Circuit Court into a comprehensive program of drug treatment and rehabilitative services.


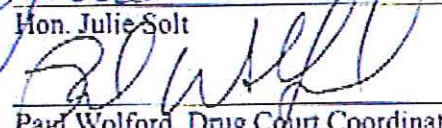
Any party to this Memorandum of Agreement may withdrawal from this agreement by giving thirty days (30) notice to other parties.

The parties hereto do mutually agree to the attached Memorandum of Understanding. This Memorandum of Understanding shall be reviewed annually and revised, if necessary, by the Frederick County Drug Treatment Court team.

IN WITNESS WHEREOF, the parties hereto have caused this Memorandum of Agreement to be executed by their duly authorized officers.

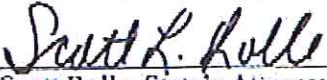
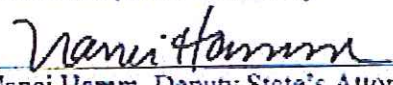


FREDERICK COUNTY CIRCUIT COURT

By:   
Hon. Julie Solt  
By:   
Paul Wolford, Drug Court Coordinator

May 16 2005  
Date  
5-26-05  
Date

FREDERICK COUNTY STATE'S ATTORNEY'S OFFICE

By:   
Scott Rolle, State's Attorney  
By:   
Nanci Hamm, Deputy State's Attorney

May 24, 2005  
Date  
May 26, 2005  
Date

FREDERICK COUNTY PUBLIC DEFENDER'S OFFICE

By: \_\_\_\_\_  
Nancy Forster, Public Defender for the State of MD Date \_\_\_\_\_

DIVISION OF PAROLE AND PROBATION

By: \_\_\_\_\_  
Reviewed for legal sufficiency by \_\_\_\_\_ Date \_\_\_\_\_  
Susan Baron, Attorney General's Office  
By: \_\_\_\_\_  
Mary Ann Saar, Correctional Services Secretary Date \_\_\_\_\_

FREDERICK COUNTY HEALTH DEPT. - SUBSTANCE ABUSE SERVICES

By: \_\_\_\_\_  
Katherine Shriver, Director of Substance Abuse Services Date \_\_\_\_\_  
By: \_\_\_\_\_  
Dr. Barbara Brookmyer, Health Officer Date \_\_\_\_\_



FREDERICK COUNTY PUBLIC DEFENDER'S OFFICE

By: Nancy Lorster 4/4/05  
Nancy Lorster, Public Defender for the State of MD Date

FREDERICK COUNTY DIVISION OF PAROLE AND PROBATION

By: \_\_\_\_\_ Date \_\_\_\_\_  
Reviewed for legal sufficiency by  
Susan Baron, Attorney General's Office

By: \_\_\_\_\_ Date \_\_\_\_\_  
Mary Ann Saar, Correctional Services Secretary

FREDERICK COUNTY HEALTH DEPT. - SUBSTANCE ABUSE SERVICES

By: \_\_\_\_\_ Date \_\_\_\_\_  
Katherine Shriver, Director of Substance Abuse Services

By: \_\_\_\_\_ Date \_\_\_\_\_  
Dr. Barbara Brookmyer, Health Officer

FREDERICK COUNTY JOB TRAINING AGENCY

By: \_\_\_\_\_ Date \_\_\_\_\_  
Linda Raymond, Vocational Services Counselor





FREDERICK COUNTY STATE'S ATTORNEY'S OFFICE

By: \_\_\_\_\_  
Scott Rolle, State's Attorney Date

By: \_\_\_\_\_  
Nanci Hamm, Deputy State's Attorney Date

FREDERICK COUNTY PUBLIC DEFENDER'S OFFICE

By: \_\_\_\_\_  
Nancy Forster, Public Defender for the State of MD Date

DIVISION OF PAROLE AND PROBATION

By: \_\_\_\_\_  
Reviewed for legal sufficiency by Date  
Susan Baron, Attorney General's Office

By: \_\_\_\_\_  
Mary Ann Saar, Correctional Services Secretary Date

FREDERICK COUNTY HEALTH DEPT. - SUBSTANCE ABUSE SERVICES

By: Katherine Shriver 4/18/05  
Katherine Shriver, Director of Substance Abuse Services Date

By: Dr. Barbara Brookmyer 4/15/05  
Dr. Barbara Brookmyer, Health Officer Date

FREDERICK COUNTY JOB TRAINING AGENCY

By: \_\_\_\_\_  
Linda Raymond, Vocational Services Counselor Date



FREDERICK COUNTY JOB TRAINING AGENCY

By: Linda Raymond, Vocational Services Counselor

                      
Date

FREDERICK COUNTY SHERIFF'S OFFICE

By: James W. Hagy  
James Hagy, Sheriff

4/28/05  
Date

FREDERICK CITY POLICE DEPARTMENT

By: Kim Dine, Chief of Police

                      
Date

THURMONT POLICE DEPARTMENT

By: Chief Terry Frushour, Chief of Police

                      
Date

BRUNSWICK POLICE DEPARTMENT

By: Chief Ronald Rough, Chief of Police

                      
Date

MARYLAND STATE POLICE – FREDERICK BARRACKS

By: Lieutenant John Hasenei

4/5/05  
Date



# **Memorandum of Understanding**

## **Frederick County Drug Treatment Court**

---

### **MISSION STATEMENT:**

The Frederick County Drug Treatment Court is a voluntary, non-adversarial judicial response to non-violent, drug addicted offenders charged in Circuit Court by providing a comprehensive program of supervision and treatment, which includes substance abuse treatment, education, and vocational and employment rehabilitative services. The Drug Treatment Court focuses on assisting the participants in achieving self-sufficiency and becoming responsible members of the community by living drug-free in an environment filled with life's obstacles and pressures.

### **PROGRAM GOALS:**

The goals of the Frederick County Drug Treatment Court are to:

- Expedite the judicial process of Drug Treatment Court offenders from arrest to sentencing to treatment.
- Reduce substance abuse among Drug Treatment Court clients by providing effective interventions.
- Enhance public safety in Frederick County by reducing recidivism of the Drug Treatment Court graduates within the community.

### **Roles and Responsibilities of Participating Agencies:**

All participating agencies agree to assist in the ongoing development of the Frederick County Drug Treatment Court. Further, as appropriate, agencies will assist in providing all necessary data for evaluation purposes.

All participating agencies agree to respect other agency's role(s) and responsibilities to ensure the integrity of the judicial and the therapeutic processes.

All participating agencies shall observe the participant's right to confidentiality in accordance with Federal and State laws and regulations governing treatment and criminal justice information.

All participating agencies agree to the Frederick County Drug Treatment Court criteria for: 1 - participant eligibility; 2 - incentives and sanctions; 3 - participant expulsion; and 4 - participant graduation as outlined in the Frederick County Drug Treatment Court Policies and Procedures Manual. Any need for revision will be approved by the Drug Treatment Court Team.





The following sections outline the roles and responsibilities each agency agrees to perform as a part of their involvement in the Frederick County Drug Treatment Court, subject to the availability of adequate agency and outside funding:

**The Drug Treatment Court Judge**

1. Explains Drug Treatment Court requirements and expectations to each participant.
2. Develops a personal relationship with each participant by reviewing past events and providing a parental role of authority.
3. Provides encouragement and imposes sanctions to participants in an effort to set examples and shape behavior.
4. Reviews with participants the current status of family and social relationships, employment and/or personal welfare.
5. Provides leadership and decision making skills to the drug court team and within the community.

**The Drug Treatment Court Coordinator**

1. Serves as assistant to the Judge and provides clarification and direction to the remaining Drug Treatment Court team members.
2. Coordinates the selection of treatment providers, reviews, modifies and negotiates contracts for treatment programs, reviews progress reports for compliance with Drug Treatment Court expectations and reviews billing for accuracy.
3. Identifies resources to support the Drug Treatment Court program and often prepares grant applications and reports to secure continued funding of the Drug Treatment Court.
4. Reports on progress of the Drug Treatment Court program to the advisory board, grantee and other appropriate groups.
5. Maintains statistics describing Drug Treatment Court program participants.
6. Recommends issuances or issues warrants for arrest of Drug Treatment Court violators.
7. Attends Drug Treatment Court hearings to observe, testify or represent Drug Treatment Court Interprets court orders and/or proceedings for offenders.
8. Files legal documents against offenders.
9. Holds weekly pre-Drug Treatment Court staffing on participants.
10. Screening potential participants.
11. Conducts assessment/screening to evaluate needs/strength problems or Drug Treatment Court participant for referral to appropriate service provider.
12. Identifies resources to support the Drug Treatment Court program.
13. Provides advocacy, referrals and linkages.





#### The States Attorney's Office

1. Approves admission of all offenders into Drug Treatment Court.
2. Negotiates plea agreements.
3. Ensures that Drug Treatment Court program eligibility requirements are met and maintained.
4. Remind Drug Treatment Court participants of sanctions that will be provided for non-compliance with Drug Treatment Court program rules or for re-arrest.
5. Requests increasing sanctions be issued by the judge for continued non-compliance.
6. Requests termination of Drug Treatment Court participants if their progress and behaviors do not show promise for rehabilitation.

#### The Public Defender's Office/Defense Attorney

1. Ensures that Drug Treatment Court procedures and protocols are in the participants' best interests.
2. Evaluates the merits of each defendant's case to make appropriate recommendations regarding admission to the Drug Treatment Court program.
3. Negotiates plea agreements.
4. Advises defendants of their constitutional rights to counsel, trial, due process and speedy trial, and explains the drug court's requirements to waive a speedy trial.
5. Explains the case disposition that would likely occur if the participant completes or fails to complete Drug Treatment Court.
6. Attempts to establish a supportive relationship with the Drug Treatment Court participant to encourage compliance with the program guidelines.

#### The Parole & Probation Agent

1. Supervises Drug Treatment Court participants in the community and monitors compliance with treatment schedules and with all general and special conditions of probation.
2. Follows up with participants who fail to appear for treatment or Drug Treatment Court hearings.
3. Attends pre-Drug Treatment Court staffing and/or Drug Treatment Court hearings to describe participants' compliance with program rules.
4. Develops supervision case plans.
5. Communicates with substance abuse treatment agencies on a regular basis about the progress or obstacles facing the Drug Treatment Court participants under supervision.
6. Provides supervision functions for assigned participants to include: explaining the rules and conditions of supervision; monitoring behaviors/activities and work attendance; supervising payment of restitution, court costs, fines and/or fees that have been ordered to be paid through the Division of Parole and Probation; referrals to social service agencies depending on needs; providing home/work visits; and conducts drug testing and advises the Drug Treatment Court of the drug test results.



#### The Treatment Provider

1. Provides group and individual treatment services, case monitoring and regular reports to the Drug Treatment Court regarding the progress of Drug Treatment Court participants.
2. Conducts drug testing (as necessary) and advises the Drug Treatment Court of the drug test results.
3. Regularly communicates with the Drug Treatment Court judge and the rest of the Drug Treatment Court team regarding Drug Treatment Court participants' progress in the Drug Treatment Court program (e.g., attendance in treatment, drug test results and sanction/incentives that might be warranted).
4. Attends pre-Drug Treatment Court staffing and /or Drug Treatment Court hearings as needed.
5. Reports on the treatment provider's recommendations for Drug Treatment Court participant phase advancement or graduated use of sanctions.
6. Increases preventative measures for secondary problems
7. Provides participants with assistance and support in crisis situations.

#### The Law Enforcement Agencies

1. Makes referrals to Drug Treatment Court team for potential participants.
2. Assist with community policing efforts, to include: accompany DPP agent on home visits as available, verifying employment and providing accountability and encouragement to DTC participants.





ROBERT L. EHRlich, JR.  
GOVERNOR

OFFICE OF THE PUBLIC DEFENDER  
ADMINISTRATION  
WILLIAM DONALD SCHAEFER TOWER  
6 SAINT PAUL STREET, SUITE 1400  
BALTIMORE, MARYLAND 21202  
Ph. (410) 767-8460 Fax (410) 333-8496  
Toll Free: 1 (877) 430-5187

NANCY S. FORSTER  
PUBLIC DEFENDER  
CHARLENE D. DUKES  
DEPUTY PUBLIC DEFENDER

April 6, 2005

Paul Wolford  
Drug Court Coordinator  
Frederick County Circuit Court  
100 West Patrick Street  
Frederick, MD 21701

Dear Mr. Wolford:

The Office of the Public Defender is pleased to enter into an agreement to assist in the ongoing development of the Frederick County Drug Treatment Court. I have signed the enclosed Memorandum of Understanding (MOU), and request that a final copy of the MOU be forwarded to me after you have obtained signatures from all involved parties.

I wish you continued success in your mission to develop a comprehensive program of drug treatment and rehabilitative services in Frederick County.

If I can be of further assistance, please contact me at 410-767-8479.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nancy S. Forster", with a long horizontal flourish extending to the right.

Nancy S. Forster  
Public Defender

NSF/mc





# Memorandum of Understanding

This MEMORANDUM OF UNDERSTANDING is made and entered into on the 1<sup>st</sup> day of October 2012 BY and BETWEEN the Frederick County Adult Drug Treatment Court and the Mental Health Management Agency. This Memorandum of Understanding is for the purpose of establishing procedures and responsibilities associated beginning a male, community-based TAMAR group facilitated by the staff of the Mental Health Management Agency.

**The Frederick County Drug Treatment Court will:**

1. Pay the Mental Health Management Agency \$10,000 for the cost of operating, facilitating and administering a male, community-based TAMAR group for the period covering October 1, 2012 through September 3, 2013.
2. Refer appropriate participants to the Mental Health Management Agency for TAMAR group participation.

**The Mental Health Management Agency will:**

1. Accept referrals from the Drug Treatment Court and evaluate appropriateness for TAMAR group counseling.
2. Submit timely progress reports to the Drug Treatment Court Coordinator reflecting the progress in group treatment.
3. Submit discharge summary to the Drug Treatment Court Coordinator at the time of group completion.
4. Provide weekly group counseling according to TAMAR guidelines.
5. Provide individual counseling on an as needed basis.

**The Frederick County Drug Treatment Court and the Mental Health Management Agency will:**

1. Inform each other if the participant voluntarily leaves or is discharged from the program.
2. Provide all information about the participant, which would impact the delivery of treatment services.

All parties acknowledge that in receiving, transmitting, storing, processing or otherwise dealing with any information received identifying or otherwise relating to clients referred, it is fully bound by the provisions of the Federal Regulation governing the Confidentiality of Alcohol & Drug Abuse Patient records, 42 C.F.R. part 2; and the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. parts 142, 160, 162 and 164 and may not use or disclose the information except as permitted by this agreement or by law.


This Memorandum of Understanding shall be reviewed annually and revised, if necessary, by the Frederick County Drug Treatment Court Coordinator.



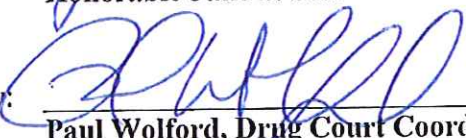


IN WITNESS WHEREOF, the parties hereto have caused this Memorandum of Understanding to be executed by their duly authorized representatives.

**FREDERICK COUNTY DRUG TREATMENT COURT**

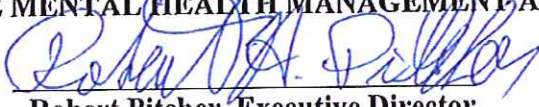
By:   
Honorable Julie S. Solt

Oct 3, 2012  
Date

By:   
Paul Wolford, Drug Court Coordinator

10/3/12  
Date

**THE MENTAL HEALTH MANAGEMENT AGENCY**

By:   
Robert Pitcher, Executive Director

10/9/2012  
Date





OFFICE OF SPECIAL NEEDS POPULATIONS  
MENTAL HYGIENE ADMINISTRATION  
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
8450 DORSEY RUN ROAD, P.O. BOX 100  
Telephone: (410) 724-3235 Fax: (410) 724-3239

Brian Hepburn, M.D., Executive Director  
Mental Hygiene Administration

Marian V. Bland, LCSW-C  
Director, Mental Hygiene Administration's  
Office of Special Needs Populations

Mr. Paul Wolford  
Drug Court Coordinator  
100 West Patrick Street  
Frederick, Maryland 21701

Dear Mr. Wolford,

As the Chief of Clinical Services for Maryland's Office of Special Needs Populations and the Director of the TAMAR Project, I am writing in support of the Men's Community TAMAR Project in Frederick, Maryland. As you may know, TAMAR (Trauma, Addictions, Mental Health, and Recovery) is a 10 week structured educational program offered to justice involved individuals who have a history of abuse with a recent treatment history for a mental health issues or an alcohol or drug use or abuse disorder. TAMAR reaches out to more than 500 individuals annually and has been recognized as a best practice by the Center for Mental Health Services.

The TAMAR Project was developed in 1998 in response to the increase in justice involved women in Maryland and the dearth of mental health services available to them. Today, TAMAR serves both men and women in ten correctional facilities and one state hospital. A key component to the project is connecting individuals to services in the community. Frederick County has taken the lead in this area. It is the only county able to provide men and women an opportunity to participate in TAMAR in the community. This provides continuity of care to TAMAR participants leaving the detention center as well as makes the program available to new participants connected to other community services, such as, Project 103.

I hope that Frederick County will secure funding necessary to keep this project available.

With best regards,

Darren McGregor, MS, MHS, LCMFT  
Chief, Clinical Services and System Operations  
Mental Hygiene Administration  
Office of Special Needs Populations  
8470 Dorsey Run Road  
Jessup, Maryland 20794  
(410) 724-3170 (Office)



# **ATTACHMENT**

## **6**

**The Frederick County Health Department – Substance Abuse Services Division utilizes the SMART database system as EHR.**

**The Health Department is required to utilize SMART for many data elements are reported to the ADAA. The vendor is IGSR through the State of Maryland and the University of Maryland.**

**There is no signed vendor contract on the local county level.**



# ASSURANCES





## Appendix D – Statement of Assurance

As the authorized representative of Frederick County Board of County Commissioners for the Frederick County Circuit Court – Drug Treatment Court, I assure SAMHSA that all participating service provider organizations listed in this application meet the two-year experience requirement and applicable licensing, accreditation, and certification requirements. If this application is within the funding range for a grant award, we will provide the SAMHSA Government Project Officer (GPO) with the following documents. I understand that if this documentation is not received by the GPO within the specified timeframe, the application will be removed from consideration for an award and the funds will be provided to another applicant meeting these requirements.

- a letter of commitment from every mental health/substance abuse treatment service provider organization listed in **Attachment 1** of the application that specifies the nature of the participation and the service(s) that will be provided;
- a letter of commitment that the drug court(s) involved in the application is currently or will be operational on or before October 1, 2013;
- official documentation that all mental health/substance abuse treatment provider organizations participating in the project have been providing relevant services for a minimum of 2 years prior to the date of the application in the area(s) in which services are to be provided. Official documents must definitively establish that the organization has provided relevant services for the last 2 years; and
- official documentation that all mental health/substance abuse treatment provider organizations: 1) comply with all local (city, county) and state requirements for licensing, accreditation, and certification; OR 2) official documentation from the appropriate agency of the applicable state, county, other governmental unit that licensing, accreditation, and certification requirements do not exist.<sup>5</sup> (Official documentation is a copy of each service provider organization's license, accreditation, and certification. Documentation of accreditation will not be accepted in lieu of an organization's license. A statement by, or letter from, the applicant organization or from a provider organization attesting to compliance with licensing, accreditation and certification or that no licensing, accreditation, certification requirements exist does not constitute adequate documentation.)
- for tribes and tribal organizations only, official documentation that all participating mental health/substance abuse treatment provider organizations: 1) comply with all applicable tribal requirements for licensing, accreditation, and

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<sup>5</sup> Tribes and tribal organizations are exempt from these requirements.



certification; OR 2) documentation from the tribe or other tribal governmental unit that licensing, accreditation, and certification requirements do not exist.

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Signature of Authorized Representative

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Date



**ASSURANCE  
of Compliance with SAMHSA Charitable Choice  
Statutes and Regulations  
SMA 170**

**REQUIRED ONLY FOR APPLICANTS APPLYING FOR GRANTS THAT FUND  
SUBSTANCE ABUSE TREATMENT OR PREVENTION SERVICES**

SAMHSA's two Charitable Choice provisions [Sections 581-584 and Section 1955 of the Public Health Service (PHS) Act, 42 USC 290k, et seq., and 42 USC 300x-65 et seq., respectively] allow religious organizations to provide SAMHSA-funded substance abuse services without impairing their religious character and without diminishing the religious freedom of those who receive their services. These provisions contain important protections both for religious organizations that receive SAMHSA funding and for the individuals who receive their services, and apply to religious organizations and to State and local governments that provide substance abuse prevention and treatment services under SAMHSA grants.

As the duly authorized representative of the applicant, I certify that the applicant:

Will comply, as applicable, with the Substance Abuse and Mental Health Services Administration (SAMHSA) Charitable Choice statutes codified at sections 581-584 and 1955 of the Public Health Service Act (42 U.S.C. §§290kk, et seq., and 300x-65) and their governing regulations at 42 C.F.R. part 54 and 54a respectively.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED



## ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

Date \_\_\_\_\_

Please mail form to:  
U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Ave., S.W.  
Washington, DC 20201

Signature of Authorized Official \_\_\_\_\_

Blaine Young, President of Frederick County BOCC

Name and Title of Authorized Official (please print or type) \_\_\_\_\_

Frederick County Circuit Court - Drug Treatment Court

Name of Healthcare Facility Receiving/Requesting Funding \_\_\_\_\_

100 West Patrick St.

Street Address \_\_\_\_\_

Frederick, MD 21701

City, State, Zip Code \_\_\_\_\_





# **Certifications**

**Will be completed electronically after receiving approval of  
the Board of County Commissioners**

